

EXHIBIT B

- STOP -
ANY UNAUTHORIZED PERSONNEL
REQUESTING ENTRY INTO THE
WAREHOUSE SHOULD BE
INSTRUCTED TO RESPOND TO
THE FRONT DOOR OF THE
DISTRIBUTION CENTER

RESTRICTED AREA AUTHORIZED PERSONNEL ONLY

**UNAUTHORIZED PERSONNEL ENTERING THIS AREA WILL
BE SUBJECT TO SEVERE DISCIPLINARY ACTION
INCLUDING DISCHARGE**

**THIS ANNOUNCEMENT MADE NECESSARY BY INCREASED
STATE AND FEDERAL RESTRICTIONS PERTAINING TO
THE HANDLING AND CONTROL OF DANGEROUS DRUGS.**

EXHIBIT C

EXHIBIT D

**RULES AND REGULATIONS AS PUBLISHED BY
THE DRUG ENFORCEMENT ADMINISTRATION
EFFECTIVE APRIL 17, 1975**

1301.91 Employee Responsibility to Report Drug Diversion

Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area. The employer shall inform all employees concerning this policy.

1301.92 Illicit Activities by Employees

It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.

EXHIBIT E

**ANYONE CARRYING
PERSONAL PACKAGES,
LUNCHBOXES, LUNCHBAGS,
OR PERSONAL CLOTHING
INTO THE WAREHOUSE WILL
BE SUBJECT TO SEARCH ON
LEAVING THE PREMISES**

**This announcement made necessary by increased State
and Federal restrictions pertaining to the handling and
control of dangerous drugs**

CONFIDENTIAL

FOIA Confidential
Treatment Requested By
Cardinal

GRR900 12/29/95

CARDINAL HEALTH, INC.
SUSPICIOUS ORDER
KINGSPORT

PAGE 4

ITEM #	DESCRIPTION	SIZE	FM	PK	NOV 94	DEC 94	JAN 95	FEB 95	MAR 95	APR 95	PAST MTH	INCREASE
CUSTOMER#- 003830 KINSEY DRUG STORE DEA #- AK0408395 142 EAST CUMBERLAND * = BROKERAGE ITEM KINGSTON TN 37763												
126207	DEMEROL 50MG 30CC D150 WIN C2	10Z	SL	EA	0	0	0	0	0	1	50	900.00%
CUSTOMER#- 003876 KROGER PHARMACY #544 DEA #- BK1248904 1489 MADISON STREET * = BROKERAGE ITEM CLARKSVILLE TN 37042												
126196	DEMEROL 50MG 100S D131 WIN C2	100	TB	EA	0	0	0	0	0	2	6	200.00%
220300	APAP W/OXYCOD 5MG RG C2	100	TB	EA	0	0	0	0	0	2	7	250.00%
CUSTOMER#- 003877 KROGER PHARMACY #886 DEA #- BK1124560 11238 KINGSTON PIKE * = BROKERAGE ITEM KNOXVILLE TN 37922												
139354	METHYLPHENIDATE 5MG RG	100	TB	EA	0	0	0	0	0	4	10	150.00%
CUSTOMER#- 003888 KROGER PHARMACY #519 DEA #- AK2238295 170 E MAIN STREET * = BROKERAGE ITEM HENDERSONVILLE TN 37075												
101458	RITALIN 10MG 100S 7416 CIBA C2	100	TB	EA	0	0	0	0	0	1	5	400.00%
CUSTOMER#- 003890 KROGER PHARMACY #513 DEA #- AK2618063 5425 CLINTON HIGHWAY * = BROKERAGE ITEM KNOXVILLE TN 37912												
101457	RITALIN 5MG 100S 7410 CIBA C2	100	TB	EA	0	0	0	0	0	1	4	300.00%
133813	ROXICET 5MG ROX C2	100	TB	EA	0	0	0	0	0	1	6	500.00%
139356	METHYLPHENIDATE 10MG RG C2	100	TB	EA	0	0	0	0	0	4	9	125.00%
CUSTOMER#- 003895 KROGER PHARMACY #598 DEA #- AT9477301 380 S ILLINOIS AVENUE * = BROKERAGE ITEM OAK RIDGE TN 37830												
125921	DEXEDRINE TAB 5MG 100S SKF C2	100	TB	EA	0	0	0	0	0	3	21	600.00%
139356	METHYLPHENIDATE 10MG RG C2	100	TB	EA	0	0	0	0	0	5	22	340.00%
CUSTOMER#- 003902 KROGER PHARMACY #875 DEA #- BK0812734 801 MEMORIAL BLVD * = BROKERAGE ITEM SPRINGFIELD TN 37172												
220300	APAP W/OXYCOD 5MG RG C2	100	TB	EA	0	0	0	0	0	3	7	133.33%

Bill Mason - MIS Dublin

EXHIBIT F

CAH_MDL_PRIORPROD_DEA07_01384149

CAH SWE 019286

**EXHIBIT G**

VIOLENCE PREVENTION PROCEDURES IN CASE OF ROBBERY

DO

REMEMBER, THE SAFETY OF YOU AND YOUR EMPLOYEES IS THE NUMBER ONE CONCERN.

KEEP IT SHORT AND SMOOTH. The longer the robbery takes, the more nervous the robber becomes.

- ☐ Handle the entire procedure as if you were making a sale to a customer.
- ☐ The average robbery takes less than two minutes.

OBEY THE ROBBER'S ORDERS. Robbers seldom hurt people who cooperate with them.

- ☐ Let the robber know that you intend to obey.
- ☐ If you are not sure of what the robber is telling you to do, ask.
- ☐ Keep calm and observe what the robber looks like and what he is wearing. Remember exactly what he says.
- ☐ Try to get the robber out of the building as soon as possible.

TELL THE ROBBER ABOUT ANY POSSIBLE SURPRISES.

- ☐ If you must reach for something or move in any way, tell the robber what to expect.
- ☐ If someone is in the cage or vault.
- ☐ If the alarm system must be turned off, tell the robber.

CALL THE POLICE. Do not hang up until they tell you to do so. Notify the Cardinal Health, Inc. Compliance Department as soon as possible.

- ☐ Keep their numbers near the phone.
- ☐ Stay on the phone until they tell you they understand and have all the information they need.
- ☐ Keep at least one line into the division open for incoming calls.
- ☐ Write down a description of the robber and what they said.
- ☐ Protect the crime scene. Discontinue business until the police are finished. Do not touch any evidence.

DON'T

DON'T ARGUE WITH THE ROBBER.

- ☐ Give him all the cash and merchandise he wants.
- ☐ Remember, the robber has the upper hand – follow instructions.

DON'T FIGHT WITH THE ROBBER.

- ☐ The merchandise is not worth risking physical harm.
- ☐ Trying to overtake a robber is foolish, not heroic.

DON'T USE WEAPONS.

- ☐ Weapons breed violence.

DON'T CHASE THE ROBBER.

- ☐ You could be mistaken as the robber by the police.

CHART II
TABLE OF OFFENSES AND PENALTIES
UNDER THE CONTROLLED SUBSTANCES ACT

EXHIBIT H

	<u>First Offense</u>	<u>Second Offense</u>
REGISTRANT OFFENSES (COMMERCIAL) COMMITTED KNOWINGLY	Max: 1 yr., \$25,000	Max: 2 yrs., \$50,000
OTHER COMMERCIAL VIOLATIONS	Max: \$25,000 (civil fine)	Max: \$50,000 (civil fine)
DISTRIBUTION OF I & II SUBSTANCES NOT PURSUANT TO ORDER FORM, FALSE RECORDS, COMMUNICATIONS VIOLATION, ETC.	Max: 4 yrs., \$30,000	Max: 8 yrs., \$60,000
FELONY VIOLATOR AND ORGANIZER OR LEADER IN CONTINUING CRIMINAL ENTERPRISE (SUBSTANTIVE OFFENSE)	Max: Life, \$100,000 Profits, Assets Min: 10 yrs.	Max: Life, \$200,000 Profits, Assets Min: 20 yrs.
UNLAWFUL DISTRIBUTION, POSSESSION WITH INTENT TO DISTRIBUTE, MANU- FACTURE, ETC. (INCLUDES REGISTR- TRANTS) NARCOTICS IN SCHEDULES I & II	Max: 15 yrs., \$25,000	Max: 30 yrs., \$50,000 Special Parole: 6 yrs.
NONNARCOTIC SCHEDULE I, II AND ALL III SUBSTANCES	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
SCHEDULE IV SUBSTANCES	Max: 3 yrs., \$10,000	Max: 6 yrs., \$20,000
SCHEDULE V SUBSTANCES	Max: 1 yr., \$5,000	Max: 2 yrs., \$10,000
UNLAWFUL IMPORTATION OR EXPOR- TATION		
NARCOTICS IN SCHEDULES I & II	Max: 15 yrs., \$25,000	Max: 30 yrs., \$50,000
NONNARCOTIC SCHEDULE I & II AND ALL III SUBSTANCES	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
SCHEDULE IV SUBSTANCES	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
DANGEROUS SPECIAL DRUG OFFENDER WHO (A) IS AN ADULT AND (B) IS CHARGED WITH FELONY, AND 1) HAS TWO CONVICTIONS AND HAS SERVED TIME IN PRISON, OR 2) DEALS REG- ULARLY FOR PROFIT OR 3) IS AN ORGANIZER OF CONSPIRACY. (SEN- TENCING PROVISION)	Max: 25 yrs. Same fine otherwise prescribed	None
<u>SIMPLE POSSESSION OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE FOR NO</u>	Max:	Max:

EXHIBIT I

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N S S I N C.

05 11/02/95

S E L E C T E D I T E M A U D I T R E P O R T

'EM-035530 CHLORAL HVD 500MG SYR 100UD C4 100 EA EA VENDOR-11860 UDL LABORATORIES

DEA#- PO BOX 10319
ROCKFORD, IL 611313019

RECEIVED FROM- 1/01/95 TO-11/02/95

P.O. #	QTY	ORD	REC	DATE	REC	DEA #	VENDOR (IF DIFFERENT FROM ABOVE)
1479400	1		1	7/12/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1491400	1		1	7/20/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1546800	1		1	8/07/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1554600	2		2	8/09/95			CARDINAL SYRACUSE, 6012 MOLLOY ROAD, SYRACUSE, NY 13211

REDIT RETURNS

EMO #	RETRN	STOCK	VEND	CUST	CRD DATE	CUSTOMER	DEA #
20549	1	1			8/03/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
21019	1	1			8/10/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

USTOMER SALES

VOICE	SHIP DATE	QTY	CUSTOMER	DEA #
46168	95/01/04	1	HIGH DESERT MEDICAL GROUP, 43845 N 10TH ST WEST, STE 2B, LANCASTER, CA 93534	BK2565022
67384	95/07/13	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
60331	95/06/30	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
74154	95/07/24	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
83528	95/08/08	1	JAMES WILLMOT CLINIC, 100 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
81569	95/08/03	1	JAMES WILLMOT CLINIC, 100 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
85953	95/08/10	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

ADJUSTMENTS

QUANTITY-	DATE-	ADJUSTMENT CODE-	MINUS VERIFICATION	TEXT-EXPIRED MERCHANDISE
QUANTITY-	DATE-	ADJUSTMENT CODE-	CREDIT RETURNS AUTHORIZED SCRP	TEXT-CUSTOMER RETURN

EXHIBIT J

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Controlled Substances Act as amended in part as follows:
 304. (a) A registration pursuant to section 303 to manufacture, distribute, or possess a controlled substance may be suspended or revoked by the Attorney General upon a finding that the registrant-

- (1) has materially falsified any application filed pursuant to or required by this title or title III;
- (2) has been convicted of a felony under this title or title III or any other law of the United States, or of any State, relating to any substance defined in this title as a controlled substance; or
- (3) has had his State license or registration suspended, revoked, or denied by competent State authority and is no longer authorized by State law to engage in the manufacturing, distribution, or dispensing of controlled substances.

DEA REGISTRATION
NUMBERTHIS REGISTRATION
EXPIRESFEE
PAID

RW0191685

05-31-96

\$438.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2,3,3N,4,5

DISTRIBUTOR

04-20-95

WHITMIRE DISTRIBUTION CORP
 DBA CARDINAL HEALTH
 3530 PAN AMERICAN FWY NE
 ALBUQUERQUE, NM

871C7

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

EXHIBIT K

FROM

BAILEY DRUG COMPANY, INC.
1000 LINDEN AVE.
ZANESVILLE, OH 43701

speedigram®

DEAR VALUED CUSTOMER,

ACCORDING TO OUR RECORDS, YOUR DEA REGISTRATION EXPIRES ON 8/31/95.
IN ORDER TO CONTINUE TO PROCESS YOUR CONTROLLED SUBSTANCE
ORDERS. PLEASE PROVIDE US WITH A COPY OF YOUR RENEWED DEA
REGISTRATION.

AT THIS TIME, WE ARE ALSO REQUESTING A COPY OF YOUR CURRENT STATE
LICENSE.

PLEASE SEND YOUR COPY TO THE ATTENTION OF LOREN TODD.

THANK YOU.

TO

20211

THE CLEVELAND CLINIC PHCY #2
CRILE BLDG-2ND FLOOR
2049 E. 100TH ST.
CLEVELAND, OH 44106

EXHIBIT L

December 1, 1995

DEAR VALUED CUSTOMER:

Our records indicate that your D.E.A. Registration Certificate expires as of

Please provide us with a copy of your current Registration Certificate as soon as possible to avoid service interruption of Controlled Substance Items.

A self-addressed envelope is enclosed for your convenience.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Division Manager

**CARDINAL HEALTH
DEA REGISTRATION VERIFICATION FORM**

Dear Customer:

The Code of Federal Regulations (21 CFR 1301.74(a)) requires that we maintain your current DEA and State registration numbers in our files. Please allow our sales representative to transcribe the pertinent information.

DEA CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Customer Name: _____

Address: _____

Registration Number: _____
Two letter prefix Seven letter suffix

Expiration Date: _____

(Circle permitted schedules 2 2N 3 3N 4 5)

STATE REGISTRATION CERTIFICATE

Registration (License) Number: _____

Expiration Date: _____

SIGNATURE

(Cardinal Health Sales Representative)

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Treatment Requested By
Cardinal

In Date 11/08/95 16:46:05

Solomons Company
Suspicious Order Monitoring
Arcos Report
For Hospitals/Managed Care

Page: 1

Inth : Oct 95
Actor Used: 2.0

SOR130PF

Order Date	Order Number	Item Number	NDC Number	Item Description	Marc Code	Qty Sold	Item Grams	Total Grams
Customer: 1073 AMERICAN MEDICAL BILLING SERV 409A PLEASANT HOME RD AUGUSTA GA 30907 DEA DA4479019								
Ingredient: 9193 HYDROCODONE BITARTRATE								
10/30/95	2236093	103783	102-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/02/95	2216837	103783	102-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/11/95	2223938	116870	456-040101	BANCAP-HC 100S	3R	1	.30270	.30270
10/02/95	2216837	148974	59630-010004	PROTUSS LIQ 40Z	3R	1	.07161	.07161
10/13/95	2225790	155501	50474-092501	LORTAB 2.5MG 10	3R	1	.15135	.15135
10/11/95	2223938	169533	50474-090916	LORTAB ELIXIR P	3R	1	.14323	.14323
10/31/95	2237143	231170	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/17/95	2227771	231170	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/05/95	2219561	231170	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
Customer Total:							5.05354	
Ingredient Limit:							4.86380	

Ingredient: 9300 MORPHINE SULFATE.5H2O

10/23/95	2231056	116384	0-064901	MORPH SUL 2MG 1	2	2	.01504	.03008
10/19/95	2229180	127721	441-014825	MORPH SUL INJ 5	2	1	.11750	.11750
10/30/95	2235780	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/09/95	2221139	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/19/95	2229185	144447	441-234541	MORPH SUL INJ 1	2	5	.22540	1.12800
10/31/95	2236852	145056	34-052302	HSIR O/S CONC 2	2	2	1.00400	3.60960
10/16/95	2226760	101087	34-051410	HS CONTIN 15MG	2	1	1.12000	1.12000
10/02/95	2216445	101087	34-051410	HS CONTIN 15MG	2	1	1.12000	1.12000
10/31/95	2236852	234445	34-051810	HSIR 15MG 100S	2	1	1.12000	1.12000
10/31/95	2236852	234444	34-051910	HSIR 30MG 100S	2	1	2.25600	2.25600
Customer Total:							13.53318	
Ingredient Limit:							12.24846	

Ingredient: 9801 FENTANYL CITRATE

10/16/95	2226760	104363	50458-003505	DURAGESIC 75MCG	2	1	.03750	.03750
10/05/95	2219349	104363	50458-003505	DURAGESIC 75MCG	2	2	.03750	.07500
10/16/95	2226760	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/05/95	2219349	104365	50458-003405	DURAGESIC 50MCG	2	2	.02500	.05000
10/02/95	2216445	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/30/95	2235780	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/16/95	2226760	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/02/95	2216445	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
Customer Total:							.42500	
Ingredient Limit:							.27236	

EXHIBIT M

CAH_MDL_PRIORPROD_DEA07_01384157

CAH SWE 019294

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Treatment Requested By
Cardinal

L000820 CARDINAL		CUSTOMER DEA EXCEPTION REPORT					
AVANNAH							
CUST #	CUSTOMER	ADDRESS	CITY / STATE		ZIP	DEA NUMBER	DEA EXP. DATE
02955-0	SOUTHSIDE PHARMACY	2711 OLD SAVANNAH ROAD	AUGUSTA	GA	30906	AS1926952	02/28/97
18062-0	SCOTT'S PHARMACY	WAYNE & 15TH STREET	ALMA	GA	31510	AS2009579	02/28/99
18074-0	SMITH'S DRUG STORE	P. O. BOX 388	WILLISTON	SC	29853	AS2146303	02/28/97
02800-0	SAUERS DRUG STORE	2303 SKIDAWAY ROAD	SAVANNAH	GA	31404	AS4879512	02/28/94
02710-0	ROGERS DRUG STORE	1429 NEWCASTLE ST.	BRUNSWICK	GA	31520	AS5386087	02/28/99
11360-0	STRANGE DRUG CO	122 S JEFFERSON ST	DUBLIN	GA	31021	AS8995295	02/28/97
18065-0	SCOTTIE DISCOUNT DRUG	9 S. FOREST AVE.	HARTWELL	GA	30643	AS9319725	02/28/97
03795-0	ST. NICHOLAS PHARMACY	3105 BEACH BLVD.	JACKSONVILLE	FL	32207	AS9486742	02/28/99
02595-0	PROFESSIONAL PHARMACY	103 PROFESSIONAL CTR	EASTMAN	GA	31023	AT9068520	11/30/96
03028-0	THE PRESCRIPTION SHOP	413 MEMORIAL AVE.	ALLENDALE	SC	29810	AT9435113	11/30/93
18297-0	WIL-BUN PHARMACY	3365 TAMERA LANE	ORANGEBURG	SC	29115	AW0345252	05/31/94
03270-0	WRIGHT'S DRUG STORE	217 MAIN STREET	TIFTON	GA	31794	AW1171343	05/31/97
18289-0	WILLIAMSBURG PRESC. C	101 SOUTH MAIN STREET	HEMINGWAY	SC	29554	AW3096737	05/31/94
17020-0	AKINS PHARMACY	104-A SOUTHEAST BROAD	LYONS	GA	30436	BA1599440	06/30/94
17094-0	BERKELEY PORT CITY	DRUG CO.	N. CHARLESTON	SC	29406	BB1150907	07/31/93
17063-0	BAKER PARK PHARMACY	2750 SPEISSEGGER	N. CHARLESTON	SC	29405	BB1649954	07/31/97
05360-0	T-2 MEDICAL, INC.	(BILL TO ONLY)	ALPHARETTA	GA	30202	BC1795080	08/31/94
17255-0	CLARENDON DRUGS, INC.	1 N. BROOKS ST	MANNING	SC	29102	BC1929415	08/31/95
01481-1	CAREMARK PHARMACY SER	1941 SAVAGE ROAD SUI	CHARLESTON	SC	29407	BC2498435	08/31/96
01482-2	CAREMARK INC.	1200 WOODRUFF RD. UNI	GREENVILLE	SC	29607	BC3517705	08/31/95
17666-0	COMP-RX-CARE INC.	116 WEST RICHARDSON A	SUMMERVILLE	SC	29483	BC3880704	08/31/96
01480-0	CAREMARK PHARMACY SER	9143 PHILLIPS HIGHWAY	JACKSONVILLE	FL	32256	BC4058473	08/31/97
01725-0	DANIEL'S PALMETTO PHA	S. PALMETTO AVE.	DENMARK	SC	29042	BD3555387	06/30/96
01750-0	DOCTOR'S MED SUPPLY &	7634 A-2 SOUTH RAIL R	N. CHARLESTON	SC	29406	BD3974121	06/30/97
01720-0	DARYL'S DISCOUNT DRUG	1205 GREENVILLE HIGHW	LYMAN	SC	29365	BD3995959	06/30/97
10439-0	ECKERD'S #2710	1100 EISENHOWER DRIVE	SAVANNAH	GA	31406	BE0201462	08/31/96
10422-0	ECKERD DRUG #2702	229 GENERAL SCREVEN D	HINESVILLE	GA	31313	BE0277954	10/14/94
02090-0	HIOTT'S PHARMACY	373 WASHINGTON STREET	WALTERBORO	SC	29488	BF3238436	09/30/95
17513-0	GATEWAY PHARMACY	401 NORTH AVE.	ATHENS	GA	30601	BG3396947	09/30/95
17491-0	HAILEY'S DRUG STORE	P. O. BOX 219	HARTWELL	GA	30643	BH0365266	10/31/96
10626-0	HARDEN'S PHARMACY	ASST IS CLOSED	DO NOT USE	GA	31326	BH2234742	10/31/92
02048-8	HEALTH INFUSION INC.	9440-3 PHILLIPS HWY	JACKSONVILLE	FL	32256	BH2733459	10/31/96
17563-0	ISLAND PHCY SERVICES	9-F HUNTER RD.	HILTON HEAD	SC	29925	BI2513706	11/30/96
02130-0	INMAN DRUGS INC.	3 BLACKSTOCK ROAD	INMAN	SC	29349	BI2900721	11/30/94
10402-0	INFUSION THERAPIES	1210 E DERENNE AVE	SAVANNAH	GA	31406	BI3012781	11/30/94
17635-0	JOHNSONVILLE PHARMACY	P.O. BOX 989	JOHNSONVILLE	SC	29555	BJ1231517	12/31/93
17633-0	JOHN BECK PHCY SERVIC	D/B/A HESS FAMILY DRU	OAKWOOD	GA	30566	BJ2760076	12/31/93
03589-0	JACKSONVILLE FACULTY	CLINIC	JACKSONVILLE	FL	32209	BJ2770065	12/31/96
17634-0	JOHN BECK PHARM. SERV	D/B/A FAMILY DRUGS	OAKWOOD	GA	30566	BJ2867577	12/31/94
02226-0	WESTSIDE PHARMACY	3624 J. DEWEY GRAY CI	AUGUSTA	GA	30909	BL0157758	03/31/94
10803-0	LIFELINE PHARMACY	4704 AUGUSTA ROAD	GARDEN CITY	GA	31418	BL3872808	03/31/97
17791-0	MCLESKY TODD DRUG	554-D MEMORIAL DR EXT	GREER	SC	29651	BM0497241	01/31/97
17743-0	MADDEN'S PRESC. SHOP	62 CHESTNUT STREET	ELBERTON	GA	30635	BM2062646	/ /
11277-0	SCOTTIE DISCOUNT DRUG	265 KING ST	CHARLESTON	SC	29401	BM2303282	01/31/96
02292-0	KIMBERLY QUALITY CARE	D/B/A COMPREHENSIVE	SAVANNAH	GA	31406	BM2434330	01/31/93
02294-0	MAIN STREET PHARMACY	306 MAIN STREET	BLACKVILLE	SC	29817	BM2441094	01/31/96
02416-0	MEDICAL PAVILION PHCY	25 HOSPITAL CTR. BLVD	HILTON HEAD	SC	29926	BM3942249	01/31/97
02480-0	NAVCARE PHARMACY-MAYP	2444 MAYPORT RD. #11	JACKSONVILLE	FL	32233	BN1575387	10/31/94
02565-0	PHAR - MOR #104	660 SPARTAN BLVD	SPARTANBURG	SC	29301	BP1111599	03/31/96
02566-0	PHAR - MOR #210	2441 WHISKEY ROAD SOU	AIKEN	SC	29801	BP2269389	03/31/96

EXHIBIT N

CAH_MDL_PRIORPROD_DEA07_01384158

CAH SWE 019295

EXHIBIT O

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier)			STREET ADDRESS			
JAMES W. DALY, INC.			11 CENTENNIAL DRIVE			
CITY and STATE		DATE	TO BE FILLED IN BY SUPPLIER			
PEABODY, MA 01961		11/06/92	SUPPLIERS DEA REGISTRATION No.			
TO BE FILLED IN BY PURCHASER						
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	1	100	PERCODAN XXXTABS			
2	1	500	PERCOCET XXXTABS 5/325			
3	1	118 ML	OPIUM TINCTURE LIQD			
4	1	100	CODEINE SULFATE XXXTABS 15MG			
5	1	500 ML	ROXICET ORAL SOLN 5MG			
6	1	100	MS CONTIN CR TABS 15MG			
7						
8						
9						
10						
6 NO. OF LINES COMPLETED		SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT <i>Rich Collins</i>				
Date Issued		DEA Registration No.	Name and Address of Registrant			
10-30-92		BM3397951	WALGREEN EASTERN CO INC, C2823			
Schedules			DBA: WALGREENS			
2,2N,3,3N,4,5			841 WESTERN AVE			
Registered as a		No. of this Order Form	LYNN, PA 01505			
RETL PHARMACY		922380221				
DEA Form - 222 (Aug. 1990)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1			46408031	

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**Excessive Purchases
Schedule II**

EXHIBIT P

<u>Product</u>	<u>Strength</u>	Dosage Limit	
		<u>Hospital</u>	<u>Retail</u>
Codeine Sulf	All	800 Tabs	400 tabs
Dextroamphetamine (Dexedrine, Dextrastat)	All	700 Tabs/Spans	800 Tabs/Spans
Desoxyn	All	300 Tabs/Grad	500 Tabs/Grad
Hydromorphone (Dilaudid)	All	900 Tabs	500 Tabs
Methadone (Dolophine)	All	2000 Tabs	700 Tabs
Meperidine (Demerol, Meprozone, Mepergan Fortis)	All	600 Tabs	400 Tabs
Methlyphenidate (Ritalin)	All	800 Tabs	800 Tabs
Morphine Sulfate (MS Contin, MSIR, Oramorph)	All	600 Tabs	500 Tabs
Oxycodone/Acet (Tylox, Roxilox, Roxicet, Percocet, Endocet)	All	3800 Tabs/Caps	1200 Tabs/Caps
Oxycodone/Asa (Percodan, Endodan, Roxiprin)	All	500 Tabs	500 Tabs
Oxycodone (Oxcontin, Roxicodone)	All	800 Tabs	600 Tabs

Excessive Purchases Schedule III, IV, V

EXHIBIT P

<u>Product</u>	<u>Strength</u>	<u>Dosage Limit</u>	
		<u>Hospital</u>	<u>Retail</u>
Acetamenophen w/Cod (Tylenol w/Cod, Phenaphen)	All	1400 Tabs	1300 Tabs
Alprazolam (Xanax)	All	1400 Tabs	2500 Tabs
Butalbital Compound (Florinal w/Cod, Fioral, Fioricet w/ Cod)	All	500 Tabs/Caps	500 Tabs/Caps
Aspirin w/Cod	All	300 Tabs	400 Tabs
Clorazepate (Klonopin)	All	1000 Tabs	800 Tabs
Clorazepate (Tranxene)	All	700 Tabs	1300 Tabs
Diazepam (Valium)	All	1000 Tabs	2500 Tabs
Dexfenfluramine (Redux)	All	400 Caps	500 Caps
Diphenoxylt/Atropine (Lomotil, Lonox)	All	1600 Tabs	7500 Tabs
Dronabinol (Marinol)	All	300 Tabs	400 Tabs
Fenfluramine HCL (Pondimin)	All	800 Tabs	1700 Tabs
Hydrocodone (Anexsia, Dolaset, Hydrocet, Hycodan, Hyphen, Lorcet, Lortab, Zydane, Vicodin)	All	1200 Tabs/Caps	800 Tabs/Caps
Lorazepam (Ativan)	All	1200 Tabs	2400 Tabs
Meprobamate (Miltown, Equanil)	All	600 Tabs	1400 Tabs
Phentermine (Ionamin, Fastin, Adipex-P)	All	600 Tabs	1100 Tabs
Pentazoline (Talwin, Talacen)	All	700 Tabs	700 Tabs
Propoxyphene (Darvon, Darvocet, Propacet)	All	1100 Tabs	1900 Tabs
Temazepam (Restoril)	All	700 Caps	800 Tabs

Exhibit Q

Error Correction

In the following examples, assume the worst case — the order was shipped to the customer. Also assume the shelf count confirms the error.

Although these examples only address shipping errors involving Schedule II controlled substances, certain portions of the corrective action processes also apply to shipping errors involving Schedule III-V controlled substances which must be handled in a similar fashion.

Example 1: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 10mg 100. The order filler picks Ritalin 10mg 100. **Customer receives and is invoiced for the wrong item.**

Corrective Action:

- Request the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date, change the blank number in the ARCOS record. The blank number cannot be changed on the invoice.
- Key in the original blank with the correct item (Ritalin 5mg 100). Pick, bill, and ship the product. Attach a legible statement, preferably typed, to the original blank which reflects the correct NDC, ship quantity and date. Create an invoice and ARCOS record for the correct item.
- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to customer.

Example 2: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 5mg 100. The order filler picks Ritalin 10mg 100. **Customer gets wrong item, but is invoiced for the right item.**

Corrective Action:

- Have the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date. Key in an order for the mispicked item (Ritalin 10mg 100), but do not ship the product. The customer will receive an invoice, but no product.
- Ship the correct product (Ritalin 5mg 100) from the original blank. The customer will get product, but no invoice.
- Change the ship dates of the products in the ARCOS records. The original invoice cannot be changed to reflect the actual ship date.

ERRORS.doc

5/25/99

- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to the customer.

Example 3: A customer orders 5xRitalin 5mg 100. The order is keyed as 10xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer was billed for and received more than what he ordered.**

Corrective Action:

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record actual ship date of product.
- Correct the ARCOS record to show correct ship quantity for original blank. The blank number and ship quantity cannot be changed on the invoice. Create another ARCOS record to show ship quantity, date, and blank number of overshipment.
- Correct the ship quantity on the original blank by drawing a line through the incorrect quantity and entering the correct quantity.
- If the customer wants to return the extra product, issue a blank to the customer. Upon receipt of the overshipment, issue credit to the customer.

Example 4: A customer orders 5xRitalin 5mg 100. The order is keyed as 5xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer received more than what he ordered or was billed.**

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date of the product.
- Key in an order for the overshipment, but do not ship product. Reference the actual ship date in the text field of the order.
- Modify the ARCOS record to show the correct ship date of the product.

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RUN DATE: 7/14/99 7:54:53

CARDINAL - SYRACUSE

PAGE: 1

MCA Dosage Limit Report (DETAIL)

MONTH : JUN 1999

FOR HOSPITAL/MANAGED CARE

MCAJ007P1

Invoice	Invoice Item	NDC	Item	Form	Qty	Item	Total
Date	Number	Number	Number	Description	Sold	Dosage	Dosage

Customer: 349902 WILKES-BARRE GEN HOSP RT140- N. RIVER & AUBURN ST. WILKES BARRE PA 18764-0000 DEA Lic: AW2452655

INGREDIENT: 002 PSEUDOEPHEDRINE

6/02/1999	8366378	1098649	45040542	TYLENOL SINUS MAX STRN 24	TB	8	24	192
6/05/1999	8377413	1098649	45040542	TYLENOL SINUS MAX STRN 24	TB	48	24	1,152
6/10/1999	8389560	1098649	45040542	TYLENOL SINUS MAX STRN 24	TB	60	24	1,440
6/19/1999	8416539	1286640	54474325	PSEUDOPHED HCL 30MG 100	ROX TB	100	100	10,000
6/16/1999	8405162	1321785	536302135	ALLERPRIM 24 OTC BLST	WAT TB	12	24	288
6/19/1999	8416539	1321785	536302135	ALLERPRIM 24 OTC BLST	WAT TB	12	24	288
CUSTOMER TOTAL:								13,360
INGREDIENT LIMIT:								10,174

Customer: 620188 GEO MOTCHAN DETENTION CTR 15-15 HAZEN STREET EAST ELMHURST NY 11370-0000 DEA Lic: AM6222525

INGREDIENT: 003 PHENYLPROPANOLMINE

6/03/1999	8369699	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/03/1999	8369701	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	4	100	400
6/04/1999	8373353	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/07/1999	8377935	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/07/1999	8377942	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/07/1999	8377946	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	2	100	200
6/07/1999	8378427	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/07/1999	8378427	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/10/1999	8389164	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/10/1999	8389165	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	6	100	600
6/11/1999	8392866	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/14/1999	8397468	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/14/1999	8397471	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/17/1999	8409076	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/18/1999	8412502	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/18/1999	8412503	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	4	100	400
6/18/1999	8412504	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/21/1999	8417127	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/21/1999	8417137	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	1	100	100
6/21/1999	8417142	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	4	100	400
6/24/1999	8429811	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/24/1999	8429813	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	4	100	400
6/25/1999	8433446	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	10	100	1,000
6/25/1999	8433447	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/28/1999	8437992	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	1	100	100
6/28/1999	8437996	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	5	100	500
6/28/1999	8437998	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	TB	4	100	400
CUSTOMER TOTAL:								16,500
INGREDIENT LIMIT:								4,121

*** END OF REPORT ***

Exhibit R

CAH_MDL_PRIORPROD_DEA07_01384164

CAH SWE 019301

Exhibit R

United States Department of Justice
Drug Enforcement Administration
Office of Diversion Control
Suspicious Orders Task Force



EXHIBIT II

SUSPICIOUS ORDER REPORTING SYSTEM OF 1998 For Use in automated tracking systems

**The Current Calculation Being Used
for List I Chemicals and Schedule II - V Controlled Substances**

Terms & Definitions

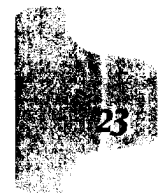
This formula is used to calculate the quantity which, if exceeded in one month, constitutes an order which may be considered excessive or suspicious.

- 1) Add purchase quantities for the last 12 months for all customers within same Distribution Center and for customer type (Hospital, Pharmacy or Other) for any List I chemical containing item stocked by the Distribution Center.
- 2) Add Customer months for every record used in above total. (Months within the last 12 that customer purchases of the item were not zero).
- 3) Divide total quantity purchased by the total customer months.
- 4) Then multiply by the factor below to give the maximum amount that the customer can order per month before showing up on the suspicious order report.

Note: Factor equals 3 for C-II and C-III Controlled Substances Containing List I Chemicals and 8 for C-III N-V Controlled Substances and non-Controlled OTC products containing List I chemical items.
- 5) At the end of each month, a report will be transmitted to DEA (separate reports for List I Chemicals and Schedule II - V Controlled Substances) of all purchases of List I Chemicals and/or C-II-V Controlled Substances and List I containing OTC items by any customer whose purchase quantities exceed the parameters (above) any (2) consecutive months or in three (3) of any moving six (6) month period.

Using a computer to manage and report on high volume transaction business activities with extremely short order cycles times (receipt to delivery) is the only viable, cost effective methodology for the reporting of orders which may be considered excessive or suspicious.

SOTF Report Appendix A: 4



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DEA COMPLIANCE MANUAL

APPENDIX E

Methamphetamine Control Act Products